PTO/SB/17 (07-07) Approved for use through 06/30/2010. OMB 0651-0032

AUG 0 2 2007	Under the Paperwork	k Reduction Act of 199	35 no person are ren	wired to r	U.S. Paten	it and Trade	proved for use through emark Office; U.S. DE	h 06/30/2010. EPARTMENT (OF COMMERCE			
	Chider the Paperwork	Onder the Paperwork Reduction Act of 1999, no person are required to					respond to a collection of information unless it displays a valid OMB control number. Complete if Known					
TA TRADEMAN		Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/687,706-Conf. #2830				
PADEAR	FEET		Filing Date		October 20, 2003							
	1.	_		ľ	First Named Inv	entor	Joseph LOSC					
	<u> </u>	or FY 200	<u>77 </u>		Examiner Name		K. C. Srivasta					
	X Applicant claims	s small entity status.	See 37 CFR 1.27		Art Unit		1657					
	TOTAL AMOUNT OF PA	AYMENT	(\$) 395.00		Attorney Docket	No.	0102258.0017	70US2				
	METHOD OF PAY	MENT (check all	that apply)									
İ	Check Cre	redit Card	Money Order	None	e Other ((please iden	ntify):					
	X Deposit Account	Deposit Account Num	nber: 08-02	 219	Deposit	Account Na	me: Wilmer Cutle	er Pickerin	g Hale and			
	For the above	e-identified deposit	account, the Dire	ector is	hereby authorize	ed to: (ch	eck all that apply	·)	ļ			
	I	X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe										
ļ		any additional fee(nder 37 CFR 1.16		ents of	x Credit	any over	rpayments					
	FEE CALCULATIO	NC										
I	1. BASIC FILING, SEA	ARCH, AND EXA	MINATION FEES	3								
		FILIN	NG FEES	SEA	ARCH FEES	EXAM	INATION FEES		I			
I	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)		Paid (\$)			
I	Utility	300	150	500	250	200		<u> </u>	aiu (v)			
I	Design	200	100	100	50	130						
!	Plant	200	100	300	150	160						
I	Reissue	300	150	500	250	600						
	Provisional	200	100	0	0	000						
I	2. EXCESS CLAIM FE		100	·	•	·	v		Small Entity			
I	Fee Description	163						Fee (\$)	Fee (\$)			
}	Each claim over 20 (in	ncluding Reissues	s)					50	25			
	Each independent clai	-	•					200	100			
	Multiple dependent cl							360	180			
	Total Claims E	Extra Claims	Fee (\$)	Fee P	aid (\$)	!	Multiple Depend	lent Claims	<u>!</u>			
	-=_	x _	=			F	Fee (\$)	Fee Paid (\$	<u>(4</u>			
	HP = highest number of to	otal claims paid for, if g	greater than 20.			_						
	Indep. Claims E	Extra Claims I	Fee (\$)	Fee P	aid (\$)							
	HP = highest number of in	ndependent claims pai	id for, if greater than :	3.								
1	3. APPLICATION SIZE	E FEE										
		ond drawings exceed CFR 1.52(e)), the thereof. See 35 U	application size	fee due	e is \$250 (\$125 f				0			
	Total Sheets	Extra Sheets	-		dditional 50 or frac			Fee!	Paid (\$)			
		0 =	/50 =		(round up to a who	ile number	r) ×	=				
	4. OTHER FEE(S) Non-English Speci	ification, \$130 fe	ee (no small entit	ty disco	ount)			Fees	Paid (\$)			
	Other (e.g., late fili	ing surcharge): 2	:801 Request fo	or conti	nued examinat	tion (RC	E) (see 37	39	95.00			

SUBMITTED BY		Δ					
Signature		Ren 0		Registration No. (Attorney/Agent)	58,686	Telephone	(202) 663-6000
Name (Print/Type)	Jacob	Steven Oxlo	e			Date	August 2, 2007
	$-\pi$				•		